Effact	tive on 12/08/2004						
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known			
FEE TRANSMITTAL				Application Number 10/592,98			
For FY 2009				ing Date	3/15/2005		
T UI T I 2007				First Named Inventor Ustun Or			
Applicant claims small entity status. See 37 CFR 1.27			Ex	Examiner Name Frances I		I. Kamps	
TOTAL INOUNIT OF PLANTS (2) 2 CO				Art Unit 3743			
TOTAL AMOUNT OF PAYMENT (\$) 960				Attorney Docket 0115 - 062616		52616	
METHOD OF PAYMEN	T (check all tha	t apply)					
Check Credit Card Money Order Other (please identify):							
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION (A		v are due unon	filing or me	ny ha suhiaet ta a si	rcharge)	· · · · · · · · · · · · · · · · · · ·	
				ey we sawject to a st	a chai gc.)		
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES							
			Small Ent				
	Fee (\$) Fee (·	Fee (\$)	Fees P	<u>aid (\$)</u>
Utility	330 82		270	220	110		
Design	220 110		50	140	70		
Plant	220 110		165	170	85		
Reissue	330 165	5 540	270	650	325		
Provisional	220 110	0	0	0	0		
2. EXCESS CLAIM FEES							Small Entity
Fee Description Each claim over 20 (including Reissues) 52							<u>Fee (\$)</u> 26
Each claim over 20 (including Reissues) 52 Each independent claim over 3 (including Reissues) 220							20 110
Multiple dependent claims						390	195
* *		tra Claims	Fee (\$)	Fee Paid (\$)			ependent Claims
	=	X	200,107	=		Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims -3 or	r HP Ex	tra Claims	Fee (\$)	Fee Paid (\$)			
HP = highest number of inde		X _ id for, if greater tha	n 3.	=			
3. APPLICATION SIZE If the specification ar		aad 100 ahaata -	f nanan (ar-	huding alastranias 11-	u filed seems	nga ar gammutan liatin	ae under
						il 50 sheets or fraction	
See 35 U.S.C. 41	(a)(1)(G) and 37	7 CFR 1.16(s).	,	•			
Total Sheets	Extra Sheets			additional 50 or fra			Fee Paid (\$)
-100 = /50 = (round up to a whole number) x =							
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): RCE and three month extension of time							405; 555
							TUJ, JJJ
SUBMITTED BY	10			Desire de ST			
(Automoy/Agent)							12-471-8815
Name (Print/Type) William H. Logsdon Date J.							ary 3, 2011